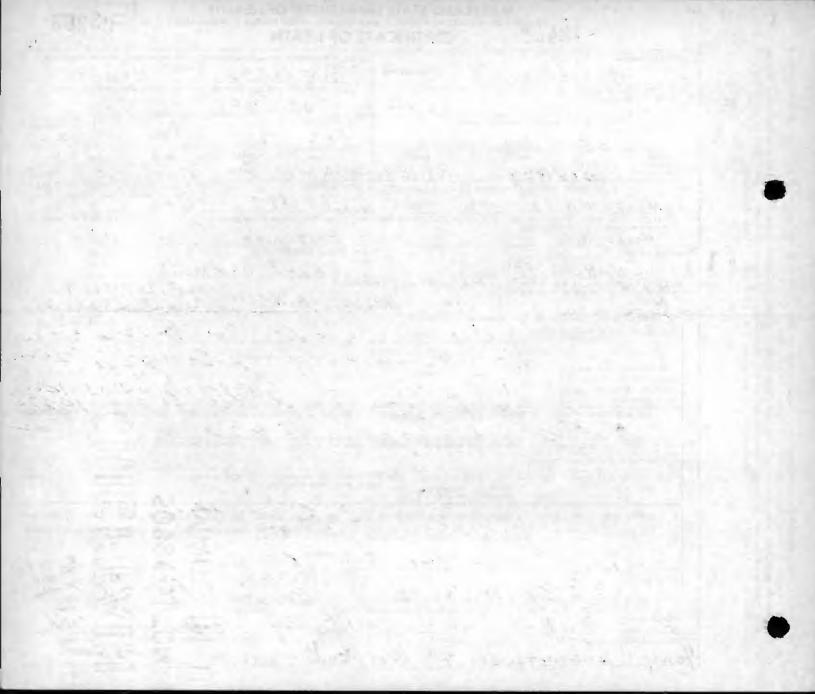
_	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	O. COUNTY HOWARD MARYLAND	O. STATE ARYLAND B. COUNTY HOWARD							
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
)	RURAL and give nearest town) 5 45 412	X JESSUPS							
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	OAK HILL	OAR HILL YES NO							
	3. NAME OF First Middle	Last 4. DATE Month Day Year							
	(Type or print) SIDNEY RILEY	ADAMS DEATH Mar 3 1960							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.							
	FEMALE WHITE WIDOWED DIVORCED	NOV. 8-1887 72 yrs.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
-	HOUSE WIFE	BALTIMORE							
	TR. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	CHARLES RILEY	LAURA SIMMONS							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT 148211AY HILL ROAD SCINNEY A WILSON SCINER SORTION							
	NO - NO MA	SSIDNEY A. WILSON SILVER SPRING. MD.							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: 1 COLOR	Mellicon De Lee ONSET AND DEATH							
	420.1 DUE TO 1 Planning Property 2 do								
	Conditions, if ony, which) to 1	ronary congressing							
	gove rise to immediate couse (a), stating the under-	man Heart of in 1 10							
	lying couse lost.	The things of the							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO M							
		ED. (Enter nature of injury in Part I or Part II of Item 18.)							
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pl While Not while of work of work	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)							
	p. m. 19 of work of work	4. /							
	21. I certify that (I) (this haspital) attended the deceased from.	3 1949 to 11/2 3, 196 () that (1) (we) last							
	saw the deceased alive an 1/1/2/2196 ond that	death accurred at & M. from the couses and an the date stated above.							
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED							
	Affileen rang	M.D. PHYS. DIRECTOR PHYS. 1							
	22c. PHYSICIAN'S NAME (Type) 7 7 F7	22d. ADDRESS 3 & of man, to							
	6 12 12 12 12 12 12 12 12 12 12 12 12 12	Glfredge 27 over							
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)							
	Buil Mar 1/60 doudon 1	ash Cemeley Baltimore med							
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. KEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	Henry W. Jenkins + Sons. 20, 4905 you	L'Stood DATE MAR 7 160 Civiling S. Thomas							



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registrar prior to burial, cremation,

If any delay is necessary, please exergiveral director. Page 4 should be your files.

TO DEPUTY MEDICAL EXAMINER: This mertificate should be exampled within 24 liours after death. If our she certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the rwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained the FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the

or remayal.

VS. A15ME(S) 5M 9/55

									Mag.	5131, 141	P+	
1. PLACE OF DEATH	WARD.		MAR	YLAND	2. USUAL RES		Vhere deceo	sed lived, if Institu ID b. COUNT	~	dence be		ission)
grid give neonest to	(It outside corporate limits, write vn) XTON	RURAL	c. LENGTH OF STAT	Y IN 1b	c. CITY OR		outside cor	porate limits, write	RURAL or	nd give n	searest to	wn)
d. NAME OF HOSP	rural	If not in hos	pital, give street addre	ess)	/ d. STREET A		ral				QN	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Rob		Middle Ox Day		Lost		4. DATE OF DEATH	Marc	_	Doy 15		Year 1960
s. sex Male	6. COLOR OR RACE White	7. MARRIE	DIVORCED		DATE OF SIRTH	19:	15	9. AGE (In years foet birthday) 44 yrs.	IF UNDE Months	R TYEAR Doys	Hours	Min.
Carpent	ION (Give kind of work of ing life, even if refined)	done 10b. K	IND OF BUSINESS OF LSE Const	R INDUSTR	Day	CE (State	or foreign o	yland	12. CI	US		COUNTRY
13. FATHER'S NAME	lmon Day				14. MOTHER'S I			Tohmas	t m			
	VER IN U. S. ARMED FO	9CFS2 14	SOCIAL SECURITY NO	17 10.11	FORMANT	D	euran	Johnso				
(Yes, no, or unknown)	(It yes, give war or dates of				rs. Be	tty	Day	(wife),		rton	, M	d.
Conditions, if gave rise to Imm (a), stating the cause last.	ediate cause		nging.						***			
CATIC	THER SIGNIFICANT CON	DITIONS <u>CO</u>	INTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA		9. WAS PERFO YES [AUTOPSY DRMED? NO
	NUSE WAS DATRIBUTING []		nged self.		ter nature of inj	vry in Parl	l ar Part II	af ilem 18.)				
20c, TIME OF INJ Hour 30c,	2/15 .4	- Milita	Not while	factor	OF INJURY (H y, street, office rear of	bidg., etc.) [er town) Byton		owar	d	(State)
	that I taak charge d from: Natural	-			4 1997	Autaps; amicide		nspection k ,		ry 🔲].	, and	find tha
ACTUAL SIGNATURE	Olast	en S.	Cetter		M.D. CHIEF MI	EDICAL EX	AMINER 🔲				DATE :	SIGNED
EXAMINER'S NAME (Type)	Charl	es S.	Petty. M.		ASSISTAN	IT MEDIC	AL EXAMINE EXAMINER [R 🕦			3/1	6/60
220. BURIAL, CREMATI REMOVAL (Specif Furial	ON, 22b. DATE THEREO		22c. NAME OF CEME					TION (City, town,	or county)		(Stol	e)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
F.C. Higin	bothom, Elli	cott (City, Md			DATEMA	R 18'6	0 C	Chan &	House	4	

UT TO ME STATE OF MEMBERS OF TATE WAS VIAGO Charles of the Control of the Contro THE PERSON CONTRACTOR OF THE PARTY OF THE PA . 23 C . 10 16 . ARTUGA and the last the same of the last to be a

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3400

CERTIFICATE OF DEATH

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With the second	Reg. Dist	No.					
). PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)					
Howard MARYLAND	Maryland S. COUNTY BA	eto.					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carparate limits, write RURAL and give	re nearest town)					
Ellicott City	Middle River.	Md 0354					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE					
Schaefer Convelescent Home	401 Kingsten Read	YES NO					
3. NAME OF First Middle DECEASED	Losi 4. DATE Month	Day Year					
(Type or print)	osbender DEATH March	25. 19 60					
	B. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS					
Female White WIDOWED DIVORCED	About 84 yrs lost birthday) Months D	oys Hours Min.					
Oa. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDU- during most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTR					
Housewife	Baltimore. Md						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James J. Flannery	Eliza Cepeland						
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address						
(Yes, no, or unknown) (If yes, give wor or dates of service)	nes H. Gorges 211 Redwood Street						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ESTA COL PES SIL RECWOOOLSINGEEN	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	`	ONSET AND DEATH					
IMMEDIATE CAUSE (0) If Malencials							
473 X DUE TO							
Conditions, if any, which (b)							
gove rise to immediate OUE TO							
lying couse last. (c)							
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?					
5 Cerlerioselesote Carolos- 1	aseular desease	YES NO					
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the fact of work of work of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Col	unty) (State)					
Hour a. m. While Nat while face	tory, street, office bldg., etc.)						
7.75	1960 to 3-25 1960 that I la						
21. I certify that lattended the deceased from 4-4							
alive an 3-24	accurred at 9 M, from the causes and on the	date stated aba					
1 2 2	accurred at 9	date stated above					
alive an 3-24 , 19(00 , and that death	accurred at 9 M, from the causes and on the	date stated above					
alive an 3-24 1960, and that death	accurred at 9	date stated aba					
alive an 3-24 , 19/20 , and that death ACTUAL SIGNATURE DEPUTED DEPUTED ACTUAL SIGNATURE DEPUTED DEPUTED ACTUAL SIGNATURE DEPUTED DESCRIPTION AND DESCRIPTION	accurred at P. M., from the causes and on the ADDRESS (Street, city or town, stote) 46 Church Road Ellicott City, Md.	st saw the decease date stated above DATE SIGN 3-28-0					
alive an 3-24 1960 and that death ACTUAL SIGNATURE Derivert PHYSICIAN'S Thomas F. Herbert, M.D. 2a. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	accurred at P. M., from the causes and on the ADDRESS (Street, city or town, stole) 46 Church Road Ellicott City, Md. R CREMATORY 22d. LOCATION (City, town, or county)	date stated above DATE SIGN 3.28.					
alive an 3-24 1960 and that death ACTUAL SIGNATURE Derivert PHYSICIAN'S Thomas F. Herbert, M.D. 2a. Burlac, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	accurred at P. M., from the causes and on the ADDRESS (Street, city or town, stole) 46 Church Road Ellicott City, Md.	Stote)					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57

y be retained by the haspital ar attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet as 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, registrar prior to burial, crematian, ar remayal, and in any event within 77 mays after death.

	MINT OF HEATH - NO CATE OF DEATH			
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CEPTIFICATE OF DEATH

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3 months

DATE SIGNED!

	0400	CERTIFIC	AIE OF DEATH		Re	eg. Dist. No.		
1. PLACE OF DEATH 0. COUNTY HOWARD		MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived.	o. COUNTY H	Residence before	re admissi	ian)
b. CITY OR TOWN (If our RURAL and give neares	side corporate limits, write t lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate lin	nits, write RURA	L and give nea	rest tawn)
Rural- Gle	nwood	Life	Rural- Gler	1wood				
d. NAME OF HOSPITAL (I OR INSTITUTION HODDS Rd	f nat in haspital, give street	address)	Hobbs Ros	ad			o. IS RESI ON A YES	PARM?
3. NAME OF DECEASED (Type or print)	harles	A Middle	40665-AT	4. DATE OF DEATH	PREL	800	,	1960
		RIED ANEVER MARRIED	8. DATE OF BIRTH			onths Days	T	R 24 HRS Min.
Male	White widow	/ED DIVORCED	March 22,	1898 61	угз.	Onins Doys	Hours	win.
during most of working i	life aven if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole Maryland			U.S		OUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	_				
Charles .	A. Hobbs 11		Mary V.	Dorsey				
15, WAS DECEASEDEVER IN (Yes, no, or unknown) (If yes	after the or deter of sendent		INFORMANT Eliza Riggs	Hobbs,	Address Glenwo	ood, M	d.	
PART I. DEATH V	Enter only one cause per I VAS CAUSED BY: MEDIATE CAUSE (a)	ine for (a), (b), and (c).	insuratory	fri	luer	INTE	ET AND	DEATH
Conditions, if any,		2 hychatio	1 1 Moto	retul	ent	100) Mr.	emi
lying couse last.	under DOE 10	arcinem	a of L	ung.				
	GIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISPASE CON	DITION GIVEN	IN PART I(o) I	PERFO	AUTOPSY RMED?
20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	art I or Part II of i	item 18.)			
Y 20c. TIME OF INJURY A Hour a. m.	Manth, Doy, Year 20d. While of wo	Not white	LACE OF INJURY (Home, form actory, street, office bldg., etc.		vn)	(County)		(Stote
21. I certify that I	attended the decea		19.59, ta B	March		at I last say		
ACTUAL SIGNATURE	lang 1.	Bryan		ADDRESS (Street, co				E SIGNED
PHYSICIAN'S NAME (Type) W//	liam I.	Bryson	130	ello.	29,1	ng.	/	
Burial, CREMATION, Burial	3-10-1960	Oak Grove		Howard		**	(State	9)
23. FUNERAL DIRECTOR'S SIG	GNATURE	ADDRESS	24g, REC'	D BY REGISTRAR	24b. REGISTRA	AR'S & IGBHATUI	RE	

VS A15 (4) 15M 9/58

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attending physician

ONERAL DIRECTOR: After this certificate has been signed by the

as the burial-transit

page 3 shauld be detached for use

registrar priar

haspital ar attending physician.

Then please within

er death

requires that the death certificate be executed

24 hours after death. Page

C. M. Waltz, Winfield, Maryland

DATEMAR 1 0 '60

REGISTRAR'S SIGNATURE

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Page 4

within 24 haurs after death.

ATTENDING PHYSICIAM: The law requires that the death certificate be executed

in by the funeral directar, and 2 should be filed with

and cample

attending physician Then please remove

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3460

CERTIFICATE

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Orthug & Krang

OF DEATH	,
OI DEATH	Reg. Dist. No.

0.500	GEICIII 197	AIL OI DEAIL			Reg. Dis	t. No.	
1. PLACE OF DEATH a. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased	b. COUNTY	on: Resident	e befare adn	nissian)
CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	1		ale limits, write R	URAL ond g	ive negresi lo	own)
d. NAME OF HOSPITAL (If not in haspital, give street as OR INSTITUTION	dd ress)	d. STREET ADDRESS	.6			ON	RESIDENCE LA FARM?
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence COUNTY) 1. Output 1. Output			Doy	Year 19			
DAIGH DANG HU		R DATÉ DE RIPTH				YEAR IF UN	
				lost birthdoy)		Days Hau	
0a. USUAL OCCUPATION (Give kind of work done 10b. Kinduring most of working life, even if retired)	IND OF BUSINESS OR INDU	ISTRY 11, BIRTHPLACE (State	or foreign co	unlry)	12.CITI	ZEN OF WHA	T COUNTRY?
		Alpha Mar	trl and				
3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME				
John R.Williams		Mary	Johns				
	OCIAL SECURITY NO.		0 OTHE	Addı	ress		
	None	Miss Lura Hob	bs,Cla	rksville	Md		
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]					INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY:	hronic myoc	ardial fail	ure			5 VE	ars
1/5	MACOULO MYOU						
Conditions if you which \	rtorionalor	otic beart	dicos	00		25 y	rears
gave rise to immediate	TCELIOSCIEL	OCIC Heart	GISCA	.56	-	23 y	Caro
couse (a), staling the under-							
10/	DNTRIBUTING TO DEATH BU	T NOT RELATED TO THETERM	INAL DISEASE	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port Lar Port	II of item 18.1		162	NO M
OR CONTRIBUTING CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)		is taken have a highly hi					
				ar tawn)	(C	aunty]	(State)
10	IAGI ANIIG	ctary, street, affice bldg., etc	c.] [
21. I certify that I attended the decease	d from July	. 1946 . to Ma	arch 2	7, 19 60	hat Lla	st saw the	deceased
	w	decorred of					ATE SIGNED
SIGNATURE Churches S. W	no alu, B. L	D e					
PHYSICIAN'S Charles S. Whi	taker, M.D.	Clar	cksvil	le, Md	•	3-28	3-60
						(5	tate)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTS		STRAR'S SIG	SNATURE	
F.C. Higinbothom, Ellicott			MAR 29	00	laring (

be retained by the haspital ar attending physician.

JUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. The registrar priar ta burial, crematian, ar remayal, and in any expenses. VS A1S (4) 15M 9/5B

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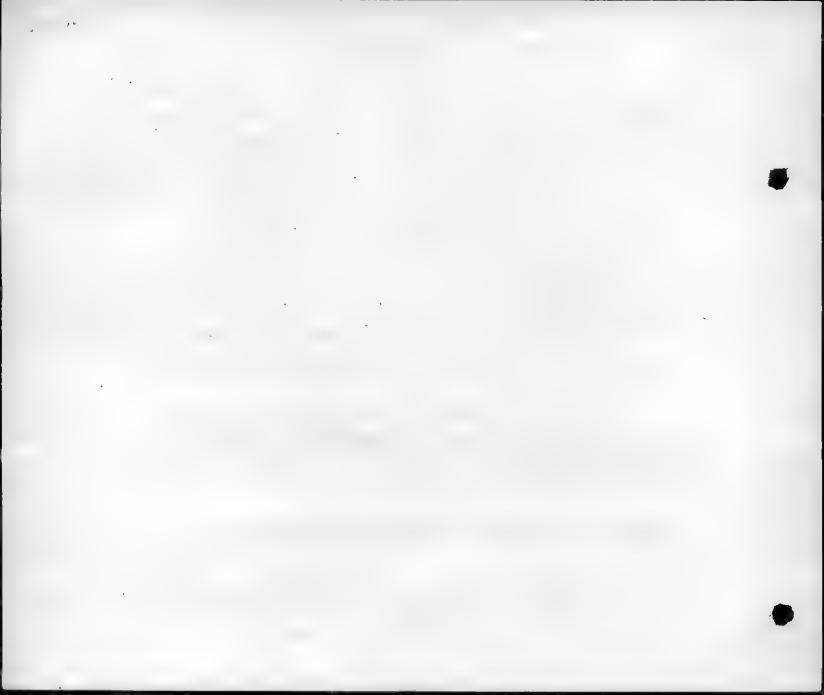
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTING CERTIFICATE OF DEATH

	PLACE OF DEATH I tem 14 Film G206 2 VSUAL RESIDENCE (Whiele deceased lived If institution Residence before admission)
	6. COUNTY 6. COUNTY 6. COUNTY WAR D
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	-PERSON INCLUDED TESSIVES 201
-	d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE
	OR INSTITUTION ON A FARM? YES IND I
3.	NAME OF First Middle Lost 4. DATE Month Day Year
	OF THE PRINT AND OF THE HOLLAND OF THE MARCH 16 1962
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 1 S AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
	VALE COICRED WIDOWED DIVORCED 3EPT 2 1891 68 45. MONTHS Day'S MONTHS D
100	during most of working life, even if retired) AROD ER
12	FATHER'S NAME
2	TOHN HOLLAND MARY GIARIRIUMIK, Matthews
13	WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address
1	yes 1997 212-18 SAWILLIAM HOLLAN SESSUES M
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Green aclerate C. U.R. Deserse 7 41
	44 X DUETO 10 0: 00 1:
	Conditions, if ony, which) the sepulcality of the conditions, if ony, which)
	gove rise to immediate couse (a), stating the under-
	lying couse lost. (c)
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
CATION	Extraustre Priere viter (YES NOW
CERTIF	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH
I C	(IF EITHER, NOTIFY MEDICAL EXAMINER)
DICAL	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Address of the PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) Hour o. m. (Vhile Not while foctory, street, office bldg., etc.)
MEDI	p. m. 19 of work of work ,
	21. I certify that (1) (this haspital) attended the deceased fram. 7/9 19.5/46 3/16, 19.60, that (1) (we) last
	saw the deceased alive an . 19 and that death accurred at A.M. from the causes and an the date stated above.
	220. SHENATURE 22b. DATE SIGNED
	M.D., PHYS DIRECTOR PHYS D
	22c PHYSICIANIS NAME (Type) 22d. ADDRESS
	James James
230	BURIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Slote)
12	Beres & man 19,1960 askey Howard & mean Serry
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1	Lich Fley Solly Lacens mar 2 2'60 aritum 8. Kinus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demit certificate be executed within 114 hams after death. Page 4 the attending physician and completely wild in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with TO FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the Stote Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death

VR A15 [4] 15M 9/59



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15M 9/58

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY o. STATE b. COUNTY MARYLAND **Maryland** Howard Howard b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Ellicott City Ellicott City d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pine Orchard YES NO T Pine Orchard NAME OF First Middle DATE Last Month DECEASED (Type or print) DEATH March 31,1960 MARGARET KTRN IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) Months WIDOWED DIVORCED [Sept.4.1884 Female. White yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Pine Orchard . Md At Home Nane 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Gerwig Rarbara IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Donald E. Fisher Ellicatt City Md No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) foctory, street, office bldg., etc.) Hour 0. m. While Not while of work of work 19 athor I lost saw the deceased 21. I certify that I oftended the deceased from and that death occurred at 3 A.M. from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) Rurial *L*-2-60 Fllucott City MG St.-Johns 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR '60 VS A15 (4) F.C. Higinbothom, Ellicott City, Md

03369

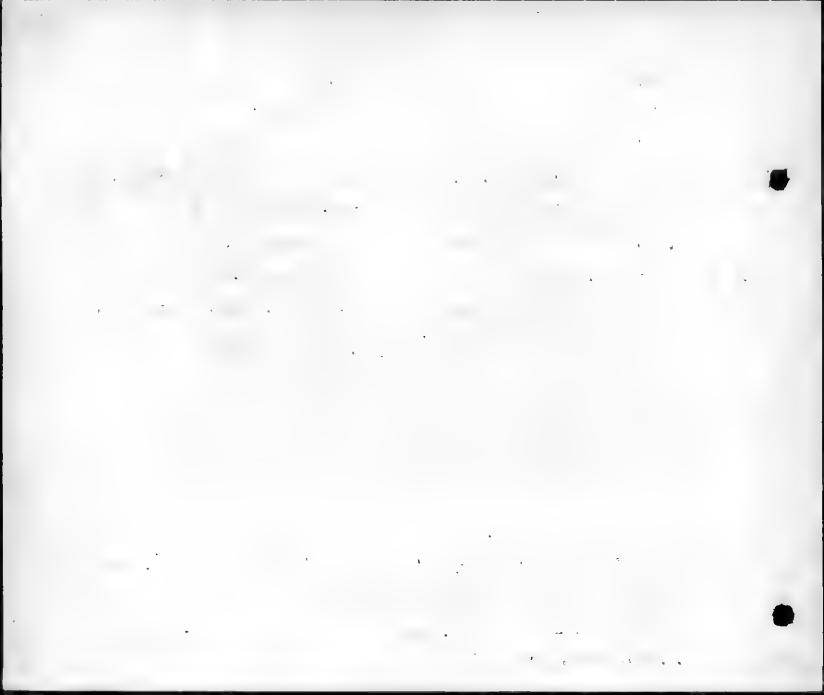
Yeos

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(Stote)

(Stote)

Orthur & House



I

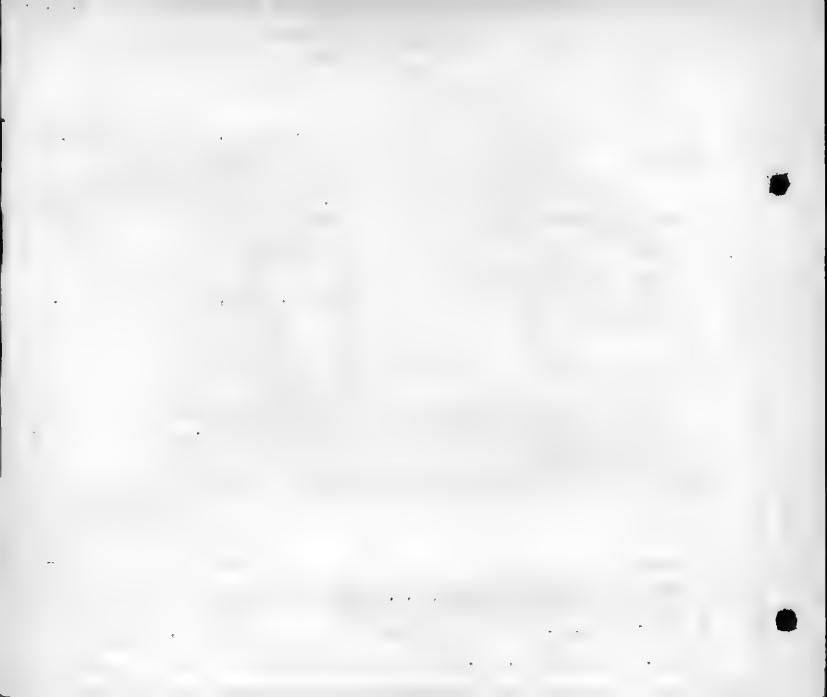
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03370

L	3432	CERTIFICA	TIE OF DEATH	•	Reg. Dist. No.				
1.	PLACE OF DEATH o. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Who. STATE Maryl	and b. COUNTY					
	b. CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	ulside corporate limits, write i	URAL and give near	est town)			
L	Ellicott City	17 days	Baltimore	18		1 1			
	d NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION	treet oddress)	d STREET ADDRESS			. IS RESIDENCE			
L	Taylor Manor H	lospital	Greenway .	Aptmts. 34 &	Charles	Set I NO E			
3.	NAME OF First DECEASED	Middle	lost	4. DATE Moi	nth Doy	Year			
	(Type or print) Henrietta	Baker	Low		ch 9th	19 60			
5.	F 6. COLOR OR RACE 7 1		9. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys	Hours Min.			
	- Wic	DOWED DIVORCED		1000 91 yrs.	2 11	00 00			
110	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?			
_	Teacer of music	School	Harford	County	II S	Α.			
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N						
4	Conrad Baker		Henriet	ta					
	. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Ado	Iress				
Ľ	(if yes, give war or gales or service)		Helen G.	Smith, niece	, Easton	Md.			
	18. CAUSE OF DEATH [Enter only one cause p				INTER	RVAL BETWEEN			
П	PART I. DEATH WAS CAUSED BY. Bronchopneumonia ONSET AND D 3 days								
L	42, 2 DUE TO Myocardial Heart Failure 5 days								
	Conditions if you which I	riy ocar dra.	r neart rail	ri.e		uays			
1	gave rise to immediate								
1	twing course land								
Z	(-)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NALDISEASE CONDITION GI	VEN IN PART YOU 19	WAS AUTOPSY			
Ιĕ	Cerwhrel Art	teriosclerosis,				PERFORMED?			
IFIC	200 ACCIDENT WAS UNDERLYING D 20b.	DESCRIBE HOW INJURY OCCURREN				YES NO			
CERTIFICATION			c (2 mar nover a ar mary m.						
3	20c. TIME OF INJURY Month, Day, Year 2		ACE OF INJURY (Home, form	, 20f (City or town)	(County)	(State)			
MEDICAL	Hour o, m, p, m	Vhile Not while Tot It work □ at work □	tory, street, office bldg , etc.	2					
	21. I certify that I attended the dec		10 60 to Me	rch 9 , 19 6	Other I less see	the deserted			
Н			1200T	M, fram the causes		w me deceased			
Н	dive dil	, and that death		N, fram the causes (ADDRESS (Street, city or town,		e stated abave. DATE SIGNED			
Н	ACTUAL TO W/	1 4 20100			•				
1	SIGNATURE SALLESS	Magness	M.D. Tayıc	or Manor Hosp	TraT	3-10-60			
	PHYSICIAN'S Stenhen Lee	Magness, M.D.							
22	O. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (C'ty, town,	or county)	(State)			
	REMOVAL (Specify)					(210)c)			
23	Burial 3-11-60 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Baltimore D BY REGISTRAR 246 REGI	STRAR'S SIGNATURE				
			- 4 A B	1 4 '60	Chun 2, Thank	•			
U	ohn O. Mitchell & Sons	. Inc. 1900 Euter	Place DATERIAN						

VS A1S [4] 15M 9/S5



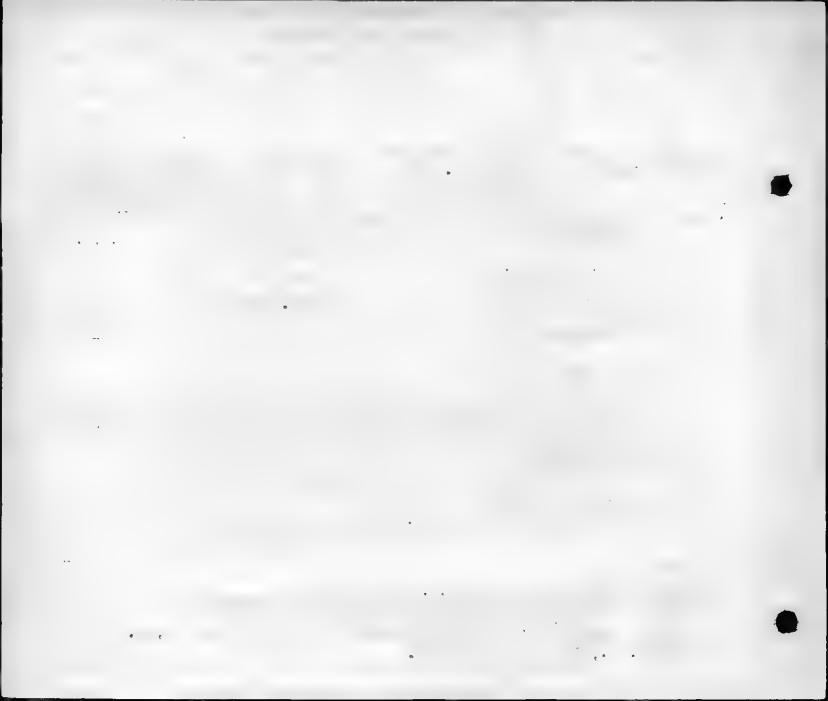
M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Rose

101 VS A1S (4) 15M 9/5S

Rea. Dist. No

										,,,,			
7.	PLACE OF DEATH a. COUNTY	Howard		MARYL	IND	2. USUAL RESIDENCE O STATE	E (Where	_	ved. If inst b. COU		sidence	before admi	ssion)
	RURAL and give ne	outside corporate limits, varest fown) Licott City		2months2		c. CITY OR TOWN		ide corporalione 3		ie RURAL		e nearest to	
	d. NAME OF HOSPITA	AL (If not in hospital, give vlor Manor	street add	ress) ital		d STREET ADDRE		laisel	itr.			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	First Aqui	la	A. Middle		Reese	4	DATE OF DEATH	Ma	Month		31	Year 1960
5	SEX M	6. COLOR OR RACE 7	MARRIED IDOWED		- U	5 - 8 -	190	3	AGE (In yellos) 56	ors IF UN Mon yrs. 10	ths De	PAR IF UNI	
10	duping moder of well	N (Give kind of work doning life, even if retired)		vere Copp Company		& Brass	Balt	imore		12		S.A.	T COUNTRY?
13	Aquila	A. Reese S	r.	Company		Sarah	DEN NA	WE					
		IN U. S. ARMED FORCES		CIAL SECURITY NO		Wife Rena	M.R	0 0 5 0		More	30	,2806	Maise
		TM [Enter only one couse IH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		or (o). (b). and (c).] ebral Thr	omb	osis						INTERVAL I ONSET AN 4-6	
ATION	Canditions, if ar gove rise to in couse (o), storing t lying cause lost PART II. OTH Chroi	mediate Dus TO	IONS CON	NTRIBUTING TO DEAT	H BUT	osclerosi NOT RELATED TO THE chosis an	TERMINA	al Disease o	CONDITION	GIVEN IN	PART I	io-PERF	AUTOPSY
CERTIFICATION		S UNDERLYING [] 201 CAUSE OF DEATH MEDICAL EXAMINER;	6. DESCRI	BE HOW INJURY OC	CURRE	D. (Enter noture of inju	ory in Par	t 1 or Parl II	of Francis	rosi	.5		
MEDICAL	20c. TIME OF INJURY Hour a. m p. m.		While _	Not while at work		ACE OF INJURY I Home ctory, street, affice bld		201. (City or	town)		(Co	inty)	(State)
	ACTUAL HIGHATURE	March 31 Irving J.	. 3	agla		th 19.60, 14 occurred of 14 m.b. Taylo	AD	DRESS (Stree	at, city or to	wn, state)	nt I lo		e deceased ted abave. DATE SIGNED 3-3160
	REMOVAL (Specify)	N, 22b. DATE THEREOF	/60	New Cat		lral	B, REC'D	altim	ore	29 M	's sign	,,	ole)



	341	CERTI	FICATE	OF DEATE	1		Reg. Dist.	No.	
a. COUNTY Home rd		MARY	LAND	SUAL RESIDENCE (Wh. STATE	ere deceased	lived. If institution b. COUNTY		before admiss	tion)
b. CITY OR TOWN (If or RURAL and give near	utside carporate limits, w est town)	rite c LENGTH OF STAY		. CITY OR TOWN (If o	•			e negrest taw	n]
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give s	Ireet address)		Deyto	7.1				IDENCE FARM?
NAME OF DECEASED (Type or print)	First RMA WILDE	Middle RTNG ROGERS		Last	4. DATE OF DEATH	March 16		Day	Year 19
. SEX 6	. COLOR OR RACE 7.	MARRIED NEVER MARRIE		TE OF BIRTH		AGE (In years lost birthday)	Months Do	YEAR IF UNDI	ER 24 HR Min.
	(Give kind of work dane	10b. KIND OF BUSINESS O	R INDUSTRY	North Ca	_	**	12 CITIZEI	N OF WHAT	OUNTRY
3. FATHER'S NAME			14.	MOTHER'S MAIDEN N			-		
Edwin Wal	ker			Dolly Haw	kins				
S WAS DECEASED EVER II		16. SOCIAL SECURITY NO Nome	Mrs	John Fyo	ck, Day	ton, Md	ress		
18. CAUSE OF DEATH	[Enter only one couse	per line for (o), (b), and (c).]						INTERVAL BE	
PART I. DEATH	WAS CAUSED BY:	Acute car	diac	failure				12 h	
Conditions, if any, gove rise to imm cause (o), stating the lying couse lost.	rediate (DUS TO	Arteriosc	terot	1c neart	disea	ise		20 ye	ears
3	SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERFC	AUTOPS PRMED?
20g. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OF	CCURRED (Eni	er nature of injury in f	Port I ar Port	II of ilem 18.)			
20c TIME OF INJURY Hour a.m. p.m.	V	0d. INJURY OCCURRED While Nat while t work at work		F INJURY (Hame, farm street, office bldg., etc.		ar Iawn)	(Cou	nty)	(State
21. I certify that alive onMar		ceased fram Jan. 19 60 , and that	_	urred at 7:15	.M. from t		d an the c	date stated	
		Whitaker,	M.D.	Clark	svill	e. Md.		Mar.	1.6.
20 BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEME	TERY OR CRE	MATORY		ON (City town, o	**	(Stat	le)
Burial	March 19	1960 Loudon	Park			lltimore			
3. FUNERAL DIRECTOR'S S		ADDRESS		1.1	D BY REGISTR		STRAR'S SIGN		
F.C. Higinbot	hom, Ellicot	t City Md		DATE 59	Mar I o i		Continued of	/www.	

24 hours after death. Page 4 ely, ed in by the funeral director, Pages 1 and 2 shauld be filed with

To retained by the haspital ar attending physician.

The retained by the haspital ar attending physician.

To retained by the haspital ar attending physician.

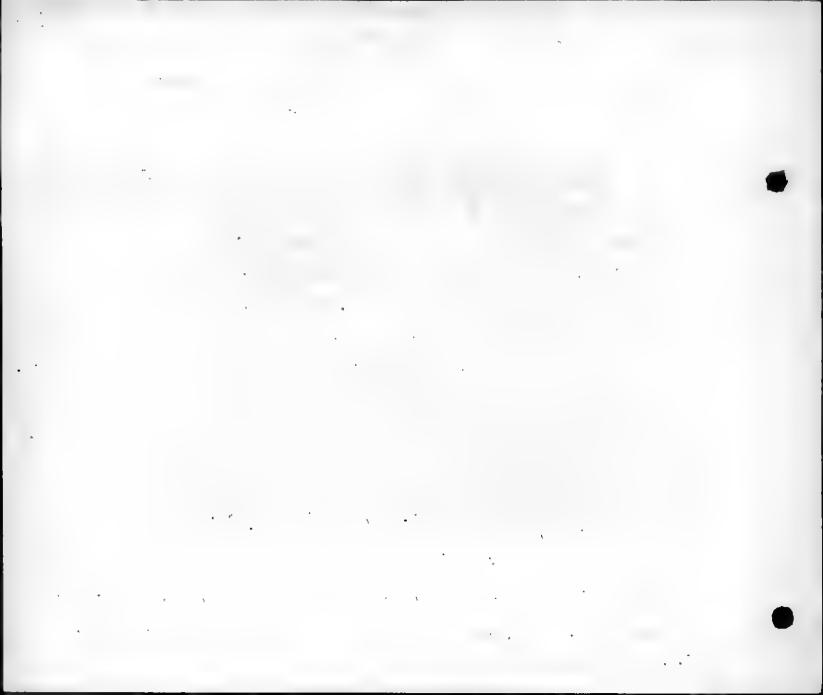
To retained by the haspital ar attending physician and campletely.

To retained by the ottending physician and campletely.

To retain the proper 3 shauld be detached far use as the burial-transit permit.

The physician and campletely.

The registrar priar to burial, cremation, ar remayal, and in any event y. thin 72 haurs after death.



	PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (COUNTY		ion)			
ь	. City or town #E	outside corporate limits, write RUI		Warvland Howard c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Ellicot						9.12 11007001 10111				
d			I in hospital, give street address)	id. STREET ADDRESS	Ellicott	CITY	e. IS RES	IDENCE			
	73 New	Cut Road		73 New Cu	it Road		ONA	FARM?			
	NAME OF DECEASED (Type or print)	First WILLIAM T	ALER SCOTT	Losi	4. DATE OF DEATH	Mar.31,196	Doy Yes				
5. \$	EX	6. COLOR OR RACE 7-	MARRIED NEVER MARRIED B	. DATE OF BIRTH	9 AGE		YEAR IF UNDER	24 HRS			
M	ale	Colored w	DOWED DIVORCED	9-22-1902	1995	yrs. Manths D	ays Haurs	Min.			
10a	USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZ	EN OF WHAT C	OUNTRY?			
1	luring most of working Laborer	i lite, even if refired)		Ellicott	City,Md						
	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
1	San	mel Scott		Carrie	Ward						
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. H	NFORMANT		Address					
[Yes,		(If yet, give war or dates of service	Rel	ecca Scott,	Ellicott C	ity,Md					
П			er line for (a), (b), and (c).]				INTERVAL BETWEEN	H			
	PARI I. DEAIR	H WAS CAUSED BY: MMEDIATE CAUSE (0)	Coronary Thromb	oosis	10 Min.						
	420.	DUE TO									
Н	Canditions, if an	y, which) (b)	Coronary Atherosc	Lerosis	5 years						
	gave rise to immedi (a), stating the u										
	cause lost.	(c)									
	PART II, OTHE	R SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE COND	TION GIVEN IN PART	1(a) 19. WAS AL				
Ě								NO X			
CERTIFICATION	20g. EXTERNAL CAUS PRIMARY () or CON CAUSE OF DEATH.	SE WAS TRIBUTING 20b. D	ESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Por	rt I or Part II of item	18.)					
3	20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, form	n, i 20f. (City or town) (Caun	rty)	(Slote)			
METICAL	Hour a.m.	19	While Not while fector at work of work	ary, street, office bldg., etc.)		.,	, ,			
3			the remains described aba	va hald an Autoni	v 🔛 Laranati	- F	E	1.41.4			
			ses 11. Accident 1. Sui		Toward 1		(C), and fi	na thai			
	death resulted		ses (A), Accident (), 301	cide [_], Homicide	E L_I, Underen	mined cause					
	ACTUAL	100-) N/a. 1. VI				DATE SIG	SNED			
Н	SIGNATURE	acrus (> - Hervery	_M.D. CHIEF MEDICAL EX	1-23						
	EXAMINER'S		1	ASSISTANT MEDIC			0.03.6	10			
		omas F.Herbe		DEPUTY MEDICAL			3-31-6	30			
72a.	BURIAL, CREMATION REMOVAL (Specify)	, 226, DATE THEREOF	22c. NAME OF CEMETERY OR		,	ly, town, or county)	(State)				
	Burial	4-5-60	Western St			sville,14d					
	FUNERAL DIRECTOR'S		ADDRESS			24b. REGISTRAR'S SIGN					
1 1	F.C. Higinb	othom, Ellico	tt olty, Ma	DATE A	IPR 4 '60	Onthun S.	Mars				

TO DEPLITY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any detay is necessary, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the profit of director. Page 4 shauld be orded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or remayal. VS. A15ME(5) 5M 9/55

1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3412 **CERTIFICATE OF DEATH**

Reg. Dist. No.

							-		
1. PLACE OF DEATH o. COUNTY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	M Howard	MARTERIO	2. USUAL RESIDENCE OF STATE MCI	,	ed lived If institution b. COUNTY	on Residence befo	ore admission)	war	
b. CITY OR TOWN (If outside corporo RURAL and give nearest town) Elkridge, Md.	te limits, write c. LENGTH OF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Elkridge, Md.							
d NAME OF HOSPITAL (If not in hosp OR INSTITUTION	d STREET ADDRE	ESS			e. IS RESIDEN	SW5			
	Virlona Avenu		204	1	ona Ave	nue	YES NO) XI	
3. NAME OF DECEASED (Type or print) Ann.	Anna C		Shaab	4. DATE OF DEATE	Marc Marc) _{oy} Yeor 1960		
5. SEX 6. COLOR OR I		MARRIED [] 8	DATE OF BIRTH	1	9 AGE (in years	IF UNDER 1 YEAR			
female white	The manage of the state of the				Jost birthdoy) yrs.	Months Doys	Hours N	Win,	
10a USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b, KIND OF BUSIN	IESS OR INDUST	TRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN O	F WHAT COUN	1TRY?	
housewife			Marv	land		U.	S. A.		
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME					
Elijah Bush			Annie E	Bowers					
15. WAS DECEASED EVER IN U. S. ARMEI	FORCES? 16. SOCIAL SECURIT	TY NO. IN	FORMANT		Adde	ress			
no	none	W	illiam A	Shaab	5827	Virlona	Ave .4	#27	
18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAL	JSE (o)	nd (c).]	Elwa "	361	3 Coch	Leg	SET AND DEA	EN TH	
Conditions, if ony, which)	UE TO (b) 2 2 2 UE TO	000	0-00	10	ec Con	1	147		
lying couse lost.	CONDITIONS CONTRIBUTING 1	- 2 1 2 3	2	TR	21 Cen	- 3/ SC- 1	27	2/10	
CATIO		IO DEATH BUT P	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	'EN IN PART 1(o)	19. WAS AUTO PERFORMED YES NO	013	
	EATH	URY OCCURRED.	. (Enter noture of inju	ry in Port I or Pa	et II of item 18.)				
20c. TIME OF INJURY Month, Doy Hour o.m. p.m.	, Year 20d. INJURY OCCURRE While Not while at wark ot work		CE OF INJURY (Home ory, street, office bldg		y or town)	(County)	(5	Stote)	
21. I certify that I attended	the deceased from F	06-2	14. 1966 to	phr.	6-19 1968	that I last say	w the dece	ased	
alive on INTEL	19, 1960, and				the causes on	d an the date	e stated ab	osca ogve.	
ACTUAL 3.73	Preim (-aus 6	f.D	ADDRESS (Street, city or town,	store)	7/20	GNED)	
PHYSICIAN'S B Bruce Bi	rumbaugh, M.	D.	5609 Ma	ain Str	eet, El	kridge	27, Mc	d.	
220. BURIAL, CREMATION, 22b. DATE TH		F CEMETERY OR	CREMATORY	22d. LOC/	TION (City, town, o	or county)	(Stote)		
Burial 3/23	/60 St.	August:	ines Cem	. Elk	ridge.	Marylan	nd		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a.	REC'D BY REGIS		STRAR'S SIGNATU	RE		
Howard H. Hubba	rd 4107 Wilke	ens Ave	enue DAT	MAR 2 3 1	0				
				THAT A 3 Y	1	tout 2. Frank	1		

TO FUNGRAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pag the registrar priar to burial, cremation, ar remaval, and in any event within 72 hays. edget death. TOF VS A15 (4) 15M 9/5B

PIAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4

ely med in by the funeral director, Pages 1 and 2 should be filled with



DIRECTOR:



3413

CERTIFICATE OF DEATH

03376

		OI.		GPI/111	CAL	- 0, 02		•		Reg. C	Dist. No).	
		Howard		MARYLA	- 11	usual residen o. state Mar	or (wh		d lived. If insti b, COUN	ITV	ence befo		1
	b. CITY OR TOWN (RURAL ond give o Rural -	***	its, write	c. LENGTH OF STAY IN	115	c. CITY OR TOW	n or o		rate limits, writ	e RURAL and	give ne	arest fow	n)
		TAL (If not in hospital,				d. STREET ADDI	REŠS		rovia			ON /	SIDENCE A FARM?
	NAME OF DECEASED		rst	Middle		last		4. DATE		Aonth	Do	у	Yeor
_	(Type ar print)		hn	S.		atkins		DEATH		ch 2	1		19 60
5.	\$EX	4. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		ATE OF BIRTH			9. AGE (In yer lost birthda	Months		Haurs	ER 24 HRS.
ALC: UNKNOWN	Male	White	WIDOW	and the second	101	me 26	1	881	78	res.			
10c	during most of wor	king life, even if retired	t)	. KIND OF BUSINESS OR	INDUSTRY		`.			12. C			COUNTRY?
12	FATHER'S NAME	tired Fa	rmer	3	-	Kemt MOTHER'S MA			ld.		US	j <u>A</u>	
13.	FAIHER S NAME				1'								
-		nn L. Wat					gare	et Fl					
15.		R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. INFO	RMANT			-	Address			
	No			None	J.	Latime	er V	Vatki	ns. Mi	. A1	rv.	Ma.	
	18. CAUSE OF DE	ATH [Enter only one co	ouse per l	ine far (a), (b), and (c).]								ERVAL B	
	PART I. DEA	TH WAS CAUSED BY:	. Ge	eneralized	Art	eriosci	Ler	osis	- adva	anced		15 AND	TS e
	221/1	DUE TO		th Cerebra									
	Conditions, if a	San Link Y	-	d Arterio									
	gave rise to i	mmediate !	-	IN MI COLIO	SCIO.	LOCTO E	10a.		20000				
	couse (a), stating	the under-	•										
7	lying cause lost.	, ,	()										
CERTIFICATION	PART II. OII		nome	contributing to DEATH	ate	Gland					RT 1(0)	PERFO	RMED?
_	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	CURRED. (E	nter nature of in	jury in f	Port 1 ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Ye	While		De. PLACE foctory.	OF INJURY (How , street, office blo	dg., etc.	, 20f. (City	or fown)		(County)		(State)
	21. I certify the	nat I attended the	decea						21, 19				
	ACTUAL 3	"301Can	cha	Dyan.	M.D.		,	ADDRESS (S	treet, city or to	wn, state)			ATE SIGNED
	PHYSICIAN'S M . NAME (Type)	McKendre	e Bo	oyer M.	D.	9830 Daması	Ma		treet rylan	i		*****	
220	BURIAL, CREMATIC	ON, 226. DATE THERE	OF.	22c. NAME OF CEMETE	ERY OR CR				TION (City, tow	n, ar county		(Sto	te)
	Burial	3/24/6	0	Provider	ace l	Weth.			Kempto	ה משכ	MA.		
23.	FUNERAL STRECTOR		C 11	ADDRESS		24	a. REC'I	D BY PEGIST	TRAR ZAL RI	GISTRAR'S S	IGNATU	RE	
	(Illin o	1. Molesen	The	Damas	Sus	Md Da	TE M	AR 2 4 1	60	Cirlman .	A. The	ON THE REAL PROPERTY.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

be retained by the haspital ar attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and camplest page 3 shauld be detached far use as the butial-transit permit. Then please remove carbon papers the registrar priar to burial, cremation, or removal, and in any event within 72 hours offer depth.

illed in by the funeral director, rages I and 2 shauld be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. Page 4 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND hours ofter death. funeral Mark b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits; write RURA) and give, nearest town) RURAL onelogive negrest town? MIOS d. MAME OF HOSPITAL (If not in hospital, give, street oddress) e. IS RESIDÊNCE OR INSTITUTION ON A FARM? YES NO P NAME OF Middle Yeor DECEASED (Type or print) DEATH 19606 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9 AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Manths WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes new wer or detectof services 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Slote) factory, street, office blda., etc.) Hour a.m. While Not while of work | ol work 21. I certify that I attended the deceased from 19 that I last sow the deceased and that death occurred at T alive on M. from the causes and on the date stated above. **ACTUAL** SIGNATURE 3 should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or equnty) (State) EMOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cirthung S. Fraces 15M 10/57

